



At the Capitol

Where is best place to help the retarded?

by Sam Newlund
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Most experts agree: It's best for Minnesota to move nearly all of its mentally retarded people out of state hospitals and into small community-based group homes. The national trend is clearly in that direction, and most research supports the transfers as beneficial to the people moved.

The issue has been debated for months among negotiators seeking consensus on the future of the state hospitals. Although not yet in bill form, a plan by the Department of Human Services to nearly empty state hospitals of retarded people is being debated in committees of the Minnesota Legislature. The latest hearing was Tuesday before the Senate Health and Human Services Committee.

Some experts also support the exemption of a few hospital residents from such moves, an exemption that the state Department of Human Services is willing to grant. These are the "medically fragile," people whose bodies and minds are the most damaged, and people who are both mentally ill and retarded, including some who assault themselves or others.

Some experts say people who have lived in state hospitals for most of their lives shouldn't be forced to move if their relatives object — a position argued passionately by a vocal group of Minnesota advocates. The department is trying to compromise on that point.

It seemed startling when the depart-

Trend is toward community group homes

ment announced last July, during talks on its plan to overhaul the hospital system, that it wanted to move all retarded people out of the hospitals within six years. (The exemptions were announced later.)

But the plan was scarcely revolutionary. The whole country was pursuing a similar course.

The time was long past when retarded people were herded into big institutions on the premise that little could be done to improve their lives. According to the old thinking, severely and profoundly retarded people in particular hardly could be expected to fry an egg or sew on a button.

In the past two decades the retarded have turned the conventional wisdom upside down. People who the experts thought would never be able to get on a bus or hold a job are doing just those things. The more severely disabled are learning to feed themselves and manage their personal hygiene.

The changes accompanied a new wisdom — normalization. It meant that the closer that retarded people's life circumstances were to everyone else's, the more they would learn to care for themselves. To learn to pay 99 cents for a loaf of bread, it's better to go to a 7-Eleven and buy one than to count coins in an institutional exercise.

Normalization also meant that the retarded had a civil right not to be kept from normal life any more than absolutely necessary.

However, a number of hazards will confront the department if the Legislature buys its plan to move nearly all the 1,400 retarded residents of seven hospitals, now called regional centers, into group homes of six or fewer people by mid-1995. Sixty beds would be left for the medically fragile at the Faribault center and 35 would remain at St. Peter for those who also are mentally ill.

Can the small homes and activity centers, run by the state and private operators, provide enough highly skilled professionals to guarantee high-quality care and treatment? Will the cost be reasonable? Can state and county monitors protect clients from physical or sexual abuse? Can they be protected from criminals and traffic hazards?

State officials say yes, although others acknowledge that there may be a tradeoff.

"There's a potential that harm will increase a bit," said Robert Griffith, president of the American Association on Mental Retardation. Someone "probably wouldn't be hit by a bus in an institution, and you probably wouldn't burn your fingers on a stove," he said, but the tradeoff is "living with much greater dignity in the community."

Others say there's just as much danger of assault and neglect in an institution as in free society. Retarded people sometimes are abused in state hospitals, as highly publicized incidents at Cambridge Regional Human Services Center showed in recent years.

Sociologist Jim Conroy, a researcher at Temple University in Philadelphia, said he can't find a single study showing that retarded people do better in big hospitals than in small community groups, whereas at least 10 studies support community placement.

Conroy's research, at a large Pennsylvania hospital called Pennhurst, is the study most frequently cited by advocates of community care. He and others found that people who moved from Pennhurst to small group homes were better off in every way after five years, including behavior development and parental satisfaction.

Surprisingly, the biggest improvements in the Pennhurst study involved the severe cases, not the mild ones.

It's easy to understand the argument that most retarded people can improve their living skills better in real-life surroundings than in segregated ones such as state hospitals. It's harder to fathom the benefits of community life for bedridden people whose immobile bodies sometimes are

twisted into grotesque shapes and whose minds are only vaguely aware of their surroundings.

These are among the medically fragile who some experts say should be left where they are. But University of Minnesota researcher Bradley Hill says the department needn't make an exception for them, partly because "There is adequate medical care around the state." They would benefit by being closer to home. Furthermore, the burden of proof is on anyone who wants to segregate someone from free society, he said.

Some experts are bucking the trend, and Yale psychologist Edward Zigler said he's "beginning to see some backlash." He noted that when large numbers of severely retarded people are "spread around the community, they kind of vanish . . . and also bump into some disgraceful treatment in the community."

State hospitals have economies of scale that group homes don't have, and they at least ought to be used as "institutional backstops," or places to go when all else fails, Zigler said. Nor is he convinced that group homes easily can offer all services that hospitals can. "Just getting dental services for a retarded person in the community is a massive undertaking," he said.

But the move to the community seems unstoppable, in this state and elsewhere. If the Legislature imposes a halt on more moves, as some legislators want, the state will be swimming upstream — at least until the stream reverses direction.